



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Inspection Report under the Long-Term Care Homes Act, 2007

Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée

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Direction de l'amélioration de la performance et de la conformité

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 1, 2013	2013_109153_0026	T-531-13	Other

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

Long-Term Care Home/Foyer de soins de longue durée

SARA VISTA
27 SIMCOE STREET, ELMVALE, ON, L0L-1P0

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

LYNN PARSONS (153)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct an Other inspection.

This inspection was conducted on the following date(s): October 23, 2013.

During the course of the inspection, the inspector(s) spoke with Executive Director, Assistant Director of Care(ADOC), Registered Nurse(RN), Food Services Supervisor, President of Residents' Council and Residents.

During the course of the inspection, the inspector(s) reviewed clinical health records, menu cycle, minutes of residents' council meetings, food advisory committee minutes, pet vaccination records and home policies related to medication system.

Completed observations of resident home environment, meal service and staff to resident interactions.

The following Inspection Protocols were used during this inspection:

Dining Observation

Medication

Residents' Council

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
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Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités



Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following:

s. 129. (1) Every licensee of a long-term care home shall ensure that,

(a) drugs are stored in an area or a medication cart,

(i) that is used exclusively for drugs and drug-related supplies,

(ii) that is secure and locked,

(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and

(iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).

(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).

Findings/Faits saillants :



1. The licensee did not ensure that drugs are stored in a medication cart that is used exclusively for drugs and drug related supplies.

On October 23, 2013 at 14:20h the Unit #2 medication cart was observed to be parked in the hallway outside the nurses station.

When the RN opened the Unit #2 medication cart at the request of the inspector it was noted to contain foley catheter supplies.

When interviewed the Registered Nurse confirmed the foley catheter supplies should not be stored in the medication cart. [s. 129. (1) (a)]

2. The licensee did not ensure that controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

On October 23, 2013 at 14:20h the storage compartment for controlled substances in medication cart Unit #1 was observed to be unlocked while the medication cart was parked in the hall outside the nurses station.

Controlled substances observed in the storage compartment included Morphine Sulphate, Percocet , Hydromorph Contin and Dilaudid.

When interviewed the RN confirmed the bin containing the controlled substances should have been locked. [s. 129. (1) (b)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that;

- drugs are stored in a medication cart that is used exclusively for drugs and drug related supplies

- controlled substances are stored in a separate locked area of the locked medication cart, to be implemented voluntarily.

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 131.
Administration of drugs**



Specifically failed to comply with the following:

s. 131. (5) The licensee shall ensure that no resident administers a drug to himself or herself unless the administration has been approved by the prescriber in consultation with the resident. O. Reg. 79/10, s. 131 (5).

Findings/Faits saillants :

1. The licensee did not ensure that no resident administers a drug to himself or herself unless the administration has been approved by the prescriber in consultation with the resident.

On October 23, 2013 at 09:05h a medication cup containing 9 medications was observed sitting on Resident #1's over bed table.

When interviewed Resident #1 confirmed the medications were his/her breakfast medications.

A review of Resident #1's clinical health record failed to reveal an order for the resident to self administer the identified medications.

When interviewed the Executive Director confirmed medications are not to be left for resident's to administer themselves without a physician order to do so. [s. 131. (5)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that no resident administers a drug to himself or herself unless the administration has been approved by the prescriber in consultation with the resident, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council

Specifically failed to comply with the following:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :



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1. The licensee did not ensure a written response was provided to the Residents' Council within 10 days related to concerns or recommendations.

Concerns raised at the Residents' Council meeting on August 1, 2013 were responded to in writing on August 16, 2013.

When interviewed the Executive Director confirmed a written response was not provided to the Residents' Council within 10 days.

The Residents' Dining Focus Committee is a sub-committee of the Residents' Council that meets to discuss food related issues of concern to all residents.

A review of the Residents' Dining Focus Committee minutes revealed food related concerns are not responded to in writing within 10 days.

When interviewed the Food Services Supervisor confirmed a written response is not provided to food related concerns discussed at the Residents' Dining Focus Committee. [s. 57. (2)]

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey



Specifically failed to comply with the following:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

s. 85. (4) The licensee shall ensure that,

(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3); 2007, c. 8, s. 85. (4).

(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any; 2007, c. 8, s. 85. (4).

(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and 2007, c. 8, s. 85. (4).

(d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).

Findings/Faits saillants :

1. The licensee does not seek the advice of the Residents' Council in developing and carrying out the satisfaction survey.

When interviewed the Executive Director confirmed that the licensee does not seek the advice of the Residents' Council in developing and carrying out the satisfaction survey.

An external company develops the satisfaction survey for the home. [s. 85. (3)]

2. The licensee did not make available to the Residents' Council the results of the satisfaction survey in order to seek the advice of the Council about the survey.

A review of the Residents' Council minutes for October 3, 2013 indicated the results of the satisfaction survey were read to the residents at the meeting.

When interviewed the Program Manager indicated a copy of the survey results are filed in her binder along with the Residents' Council minutes, however the Residents' Council does not have access to the satisfaction survey results filed in the binder. [s. 85. (4) (a)]



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Issued on this 18th day of November, 2013

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Lynn Parsons